PA				IN FEE D	RD		Application or Docket Number						
CLAIMS AS FILED - PART I SMALL E (Cotumn 1) (Cotumn 2) TYPE											OR	OTHER	
TOTAL CLAIMS				17					RATE	FEE		RATE	FEE
FOR				NUMBER FLED		HAMBER EXTRA			BYEIC LE	355.00	ОR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS				17 minus 20=		· 0			X2,8=		OR	X\$18-	. 1
INDEPENDENT CLAIMS				5 minus 3 -		2			X40=	· ·	OR	XBO=	160
MULTIPLE DEPENDENT CLAIM P				RESENT					+135=	1	OR	+270 <u>=</u> °	
* if the difference in column 1 is less than zero, enter "O" in column 2									TOTAL		OR	TOTAL	870
	C	MENDE	ID			ION	OTHER						
(Column 1) (Column 2) CLANS RIGHTSY							12/6 (Column 3)		SHALL	ENTITY	OR	SMALL	
ENT A		REMAI AFTI AMEND	NINO EA			BER	PRESENT EXTRA		. RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENOMENT F F		• 1	7	Minus	- 3	20	•		X\$ 9-		ОЯ	X\$18=	
	pendent	•	5	Minus	***	5_	•		X40=		OR	X80=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+135=		OR	+270a	
									YOTAL		OR	TOTAL	
9-31-25 (Column 1) (Column 2) (Column 3)												ADOIT. FEE	
AMENDMENT B		REMAI REMAI AFTI AMEND	MS MING ER .		HO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		./7	7	Minus	•• /	7	-	H	X3 9-		OR	X\$18=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS .									+135=		OR	+270=	
ININIA									YOTAL		00	TOTAL	
(Column 1) (Column 2) (Column 3)													
ENTC		CCAU REMAD AFTE AMERO	MS MING ER		HIGH MUM PREVI PALD	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		• 1	3	eiiniM		20	2	1	X\$ 9=		OR:	X\$18=	7 4
15 L	pendent	• •	2	Minus	-	ら	8] [X40=		OR	X80⇒	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									****			•	
* If the entry in column 1 is 1 as than the entry in column 2, with "V" in column 3.												+270=	
000 T	ligh at No.	rober Pr vis	ounly Pe	edd For DN THO ald For DN THO	6 SPACE I 8 SPACE I	is loss that is less tha	u 30' usat 30, u 30' usat 30	4.	DOIT. FEE	لــــا		ADDIT. FEE	
The TO	ighest Nur	o r Provio	usly Pel	ld For" (Total o	r Independ	lent) to the	highest numb	er fou	nd in the ap;	propriate bor	t in cof	umn 1.	

FORM FTO-475

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